



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

Residential Contractor Division

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/46

RESIDENTIAL BASIC INDIVIDUAL EXAMINATION APPLICATION

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Law, as well as the Board's rules for definitions.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff. All applicants must be a minimum of 21 years old.

SECTION 2: WORK EXPERIENCE

Applicants must show at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential basic category. List your employer information beginning with your current employer and your current experience should end in "Present".

SECTION 3: PROJECTS COMPLETED

Applicants must show successful completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.

SECTION 4: EMPLOYMENT/PROJECT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 5: FINANCIAL RESPONSIBILITY

All questions must be answered. Submit additional documentation as requested in the application.

Applicants must obtain general liability insurance in a minimum amount of \$300,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Binders, information pages, policies and declaration pages are not acceptable. Since you are applying as an individual, you must be individually shown as the insured on the certificate. The certificate must list the State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. Also, the applicant must submit proof of workers compensation insurance, if the applicant is currently required by Georgia law to have such.

A blank Bank Credit Reference form is available online at our website listed above, along with a sample Surety Bond, and Line of Credit sample letter.

SECTION 6: GENERAL INFORMATION

All questions must be answered. Submit additional documentation as requested in the application.

NOTICE: An individual license will not give you the ability to perform work on behalf of a business organization (any limited liability company, corporation, partnership, business trust, joint venture, or other legal entity). In order to perform work on behalf of a business organization, you must submit the Qualifying Agent application.

SECTION 7: AFFILIATIONS

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. See O.C.G.A § 43-41-6(e)

SECTION 8: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

All applicants are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2.

BOARD LAW AND RULES

Read the Board law and rules thoroughly before completing the application. The Board law and rules are available at: www.sos.ga.gov/index.php/licensing/plb/46. You are responsible for knowing the Board law and rules for your profession.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points to be applied to their examination scores if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

KEEP A COPY OF YOUR APPLICATION MATERIALS

All original materials will be retained by our office and will not be returned to you.

FEES

A **\$200.00 non-refundable application fee** by check or money order payable to State Licensing Board for Residential and General Contractors must be included with this application.

MAIL APPLICATION TO THE BOARD IN A 9X12 ENVELOPE AND DO NOT STAPLE OR FOLD APPLICATION.



STATE LICENSING BOARD FOR
 RESIDENTIAL AND GENERAL CONTRACTORS
 Residential Contractors Division
 237 Coliseum Drive, Macon, GA 31217-3858
 478-207-2440
www.sos.ga.gov/index.php/licensing/plb/46

| | |
|--------------|-------|
| | |
| Date Entered | _____ |
| Receipt # | _____ |
| Submitted \$ | _____ |
| Date Issued | _____ |

APPLICATION FOR RESIDENTIAL BASIC INDIVIDUAL

Application Fee \$200.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: Individual

Use separate application for Qualifying Agent for a business organization.

Method Obtained by: Examination

Use separate application for reciprocity, prior approval, or reinstatement/reactivation.

SECTION 1: PERSONAL INFORMATION

1. Legal Name to

Appear on License:

FIRST
MIDDLE
LAST
SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST
MIDDLE
LAST
SUFFIX / MAIDEN

3. Social Security*:

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Date of Birth:

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| M | M | | D | D | | Y | Y | Y | Y |

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT OR SUITE#

CITY
STATE
ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY
STATE
ZIP

6. Daytime Phone#:

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Business or Cell
Phone#:

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7. Email Address: _____

8. Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

9. Please check this box if you are requesting Veterans' Preference Points. Attached is a copy of my DD-214.

10. Please check this box if you are at least 21 years of age.

SECTION 2: WORK EXPERIENCE**Applicant Name:**

- Applicants must show at least two (2) years of proven experience.
- Describe the type work you performed, not specific projects. List the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project. Your current experience should end in "Present".

| Employer Name, Address (including city and state) | Direct Supervisor | Employment Dates (mo/yr to mo/yr or Present) | Position Title | Type of Work Performed |
|---|--------------------------|--|-----------------------|-------------------------------|
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SECTION 3: PROJECTS COMPLETED

- List two (2) Residential-Basic projects in which you, as contractor, had significant responsibility for successful performance and completion within two (2) years immediately preceding date of application submission.

| | | | |
|-----------------------------|--|--|--|
| Completion Date of Project: | | Employer at time of Completion: | |
| Street Address of Project: | | Name of Licensed Contractor (under which project was completed): | |
| City and State of Project: | | Contractor License# (Individual or Qualifying Agent) | |
| Description of Project: | | | |
| Completion Date of Project: | | Employer at time of Completion: | |
| Street Address of Project: | | Name of Licensed Contractor (under which project was completed): | |
| City and State of Project: | | Contractor License# (Individual or Qualifying Agent) | |
| Description of Project: | | | |

SECTION 4: EMPLOYMENT/PROJECTS AFFIDAVIT

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) state:

“[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

I, _____
Printed Name of Residential Contractor (not a company name)

solemnly attest and affirm that _____
Printed Name of Applicant

meets the above stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).

Signature of Applicant

Signature of Residential Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20 _____

NOTARY PUBLIC
My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.
NOTARY SEAL

NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

SECTION 5: FINANCIAL RESPONSIBILITY

Applicant Name: _____

- YES NO 1. Do your total assets (what is owned) exceed your total liabilities (what is owed)?
If NO, submit a letter of explanation.
- YES NO 2. Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?
If NO, submit a letter of explanation and any supporting documentation.
- YES NO 3. Have you paid all judgments, taxes, student loans or child support payments as required by law?
If NO, submit a letter of explanation and any supporting documentation.
- YES NO 4. Have you personally, as an individual, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?
If YES, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
- YES NO 5. Do you affirm, as an individual, you have a minimum net worth of \$25,000?
- YES NO 6. If you do not have, as an individual, a minimum net worth of \$25,000, have you submitted one of the following? (select one)
- a. Bank Credit Reference Form, reflecting 24 months history;
 - b. \$25,000 Surety Bond;
 - c. \$25,000 Line of Credit Letter; or
 - d. \$25,000 Letter of Credit.
- * **Please note** – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter is available for download from the Board’s website.
- YES NO 7. Have you submitted a certificate of insurance documenting that you currently carry general liability insurance in a minimum amount of \$300,000 per occurrence?
- YES NO 8. Do you currently carry workers compensation insurance as required by state law?
If YES, submit a certificate of insurance.
- YES NO 9. Do you have less than 3 employees?

SECTION 7: AFFILIATIONS

Applicant Name:

- Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

I will **NOT** be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor.

OR

I **WILL** be affiliated with the below listed persons, entities, or business organizations as a licensed residential contractor or general contractor.

| Name of Person, Entity, or Business Organization | Type of Affiliation | | | | | |
|--|---------------------|-------|----------|---------|--------|------------------|
| | Employee | Owner | Director | Partner | Member | Qualifying Agent |
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Please also list any professional certifications you currently hold.

SECTION 8: APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. _____ I am a United States citizen.

Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20 _____

NOTARY PUBLIC
My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL